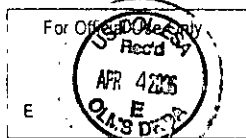


FORM LM-30
LABOR ORGANIZATION OFFICER AND
EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>2614</u>	2. Fiscal Year Covered From: <u>01/01/05</u> Through: <u>12/31/05</u>
3. Name and address of person filing. Name <u>ROBERT H. GROH</u> <u>CAPT. R. H. GROH, V-...</u> P.O. Box, Bldg., Room No., if any <u>SUITE B</u> Street <u>540 EAST MCNAB ROAD</u> City <u>POMPAUD BEACH</u> State <u>FLORIDA</u> ZIP Code + 4 <u>33060</u>	4. Name, file number, and address of labor organization. Name <u>MASTERS, MATES & PLOTS</u> Labor Organization File Number <u>000-162</u> P.O. Box, Building and Room Number, if any Street <u>700 MARITIME BLVD SUITE A</u> City <u>LINTHICUM HEIGHTS</u> State <u>MARYLAND</u> ZIP Code + 4 <u>21090-0913</u>
5. Position in labor organization.	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.

6. Name and address of Employer (including trade name, if any) Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income <u>NA</u> 7.b. Amount <u>NA</u>
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Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

On

Date

Telephone Number

1285

Name of Person Filing	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any)</p> <p>Name 10 MHP</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 700 MARITIME BLVD</p> <p>City LINCOLN HEIGHTS</p> <p>State MD ZIP Code + 4 21090</p>	<p>9. Business deals with:</p> <p>a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p>c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name 10 MASTERS, MATES & PILOTS TRUST</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street SAME AS ABOVE</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>11.a. Nature of such dealing.</p> <p>01/18/2005 - 01-20-2005</p> <p>TRUSTEE EXPENSE REIMBURSEMENT</p> <hr/> <p>11.b. Approximate dollar value of such dealing. \$761⁰⁰</p> <hr/> <p>12.a. Nature of interest held or income received.</p> <p>TRUSTEE EXPENSE REIMBURSEMENT</p> <hr/> <p>12.b. Amount.</p>

<p>C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.</p>	
<p>13 a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>14 a. Nature of payment</p>
<p>13.b. Is the Business an Employer or Consultant ?</p>	<p>14.b. Amount of payment.</p>

Name of Person Filing	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any)</p> <p>Name <u>I.O. MM & P</u></p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street <u>700 MARITIME BLVD</u></p> <p>City <u>LINTHICUM HEIGHTS</u></p> <p>State <u>MD</u> ZIP Code + 4 <u>21090</u></p>	<p>9. Business deals with:</p> <p>a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p>c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name <u>I.O. MASTERS, MASTERS & PROTS TRUST</u></p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street <u>SAME AS ABOVE</u></p> <p>City</p> <p>State ZIP Code + 4</p>	<p>11.a. Nature of such dealing.</p> <p><u>05-24-05 — 05-26-05</u> <u>TRUSTEE MEETING EXPENSE</u> <u>REIMBURSEMENT</u></p> <p>11.b. Approximate dollar value of such dealing. <u>\$754</u></p> <p>12.a. Nature of interest held or income received</p> <p><u>TRUSTEE EXPENSE</u> <u>REIMBURSEMENT</u></p> <p>12.b. Amount.</p>

<p>C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.</p>	
<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>14.a. Nature of payment</p>
<p>13.b. Is the Business an Employer or Consultant ?</p>	<p>14.b. Amount of payment.</p>

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Name of Person Filing	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8 Name and address of Business (including trade name, if any)</p> <p>Name <u>10 MM & P</u></p> <p>Trade Name, if any:</p> <p>P O Box, Bldg., Room No., if any</p> <p>Street <u>700 MARITIME BLVD</u></p> <p>City <u>LINTHICUM HEIGHTS</u></p> <p>State <u>MD</u> ZIP Code + 4 <u>21090</u></p>	<p>9. Business deals with</p> <p>a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p>c. Employer</p>
<p>10. If 9.b. or 9.c. is checked, give trust or employer's name</p> <p>Name <u>10. MASTERS, MATE & PARTS TRUST</u></p> <p>Trade Name, if any:</p> <p>P O Box, Bldg., Room No., if any</p> <p>Street <u>[SAME AS ABOVE]</u></p> <p>City</p> <p>State</p> <p>ZIP Code + 4</p>	<p>11.a. Nature of such dealing.</p> <p><u>09-27-05 — 09-29-05</u></p> <p><u>TRUSTEE MEETING EXPENSE</u></p> <p><u>REIMBURSE</u></p> <p>11.b. Approximate dollar value of such dealing <u>\$ 764</u></p> <p>12.a. Nature of interest held or income received</p> <p>12.b. Amount.</p>

<p>C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.</p>	
<p>13 a Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P O Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State</p> <p>ZIP Code + 4</p>	<p>14.a. Nature of payment.</p>
<p>13 b. Is the Business an Employer or Consultant ?</p>	<p>14.b. Amount of payment.</p>

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Name of Person Filing

File Number U-

B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

8 Name and address of Business (including trade name, if any)

Name

Trade Name, if any

P O Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

9. Business deals with

a. Labor Organization

☒ b. Trust

c. Employer

10 If 9.b. or 9.c. is checked, give trust or employer's name.

Name

Trade Name, if any:

P O Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

11.a. Nature of such dealing.

11-11-05 — 11-16-05
EDUCATIONAL CONFERENCE EXPENSE
REIMBURSEMENT

11.b. Approximate dollar value of such dealing

\$3539⁰⁰

12.a. Nature of interest held or income received

EDUCATIONAL CONFERENCE
EXPENSE REIMBURSEMENT

12.b. Amount.

C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13 a Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P O Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

14.a. Nature of payment

13 b Is the Business an Employer

or Consultant

?

14.b. Amount of payment.

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